16/074333

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

JR 3534

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													1
,	- 	·	(Columi	n 1)	(Colu	mn 2)		TYPE [OR	=		I
TOTAL CLAIMS			21					RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	1
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		* 1			X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS			7 minus 3 =		* 14			X42=		1	Y04	336	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT	ų					-	OR		حاد لاريو	
*	f the difference	e in column 1 is	less than z	ero, enter	"0" in c	olumn 2	•	+140≈	<u> </u>	OR		-	
		:	MENDED DADTH					TOTAL		OR	•	1094	ł
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY '	OP.	OTHER SMALL		ı
_		CLAIMS		HIGH		(Column 3)	1 1		ADDI-	1	C MACE:		1
Ľ		REMAINING AFTER		NUMI PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL	ľ
E		AMENDMENT		PAID		EXITA			FEE			FEE	İ
AMENDMENT A	Total	* 25	Minus	** 2	!	= 4		X\$ 9=	* 7 .	OR	X\$18≖	72.00.	
AME	Independent	* 8 ENTATION OF MI	Minus	*** 5		= /		X42=	11	OR	X84=	84.01	
	rinoi rneot	HIAHON OF MI	ULTIPLE DE	PENDENI	CLAIM			$\sim \lambda_{\alpha}$	1/		+280=		
	1						4	+140=	1/	OR	+28U≡ TOTAL		
							A	TOTAL DOIT. FEE	ŀ	OR	ADDIT. FEE		ı
7	1-/			•		į		ı					
œ		CLAIMS REMAINING		HIGH NUME		PRESENT	ŀſ	1.65	ADDI-		-	ADDI-	
AMENDMENT B		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	() C		PAID I	-OH		ŀ		FEE		:	FEE	l,
	Total Independent	* 20	Minus	** (2))	2		X\$ 9=		OR	X\$18=		/
A		* NTATION OF ML	Minus	*** 8	CI AIRA	=		X42=		OR	X84=	86:	
	THOTTILLOL	MANON OF MIC	ETTI CE DEF	CITOCIAI	CDAIN		[}]	+140=		<u></u>	+280=		l
	;						L	TOTAL		OR	TOTAL	- 23/	
					4		A	DOIT. FEE		OR ,	ADDIT. FEE	80-	
		(Column 1)		(Colum		(Column 3)							
ပ		CLAIMS REMAINING		HIGHE		PRESENT	Γ		ADDI-	. [ADDI-	
Ž.		AFTER		PREVIO	USLY	EXTRA			TIÒNAL	•	RATE	TIONAL	
Ĕ		AMENDMENT		PAID F	OR		-		FEE			FEE	
⋛	Total	*	Minus	**		=		X\$ 9=	i	OR	X\$18≃		
AMENDMENT	Independent		Minus	***	l	=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						H			~			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."													
7	The "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT: FEE												